EXHIBIT 2

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San Diego, CA

858 550-6000

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San Francisco, CA

Cooley Godward LLP

August 4, 2005

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In re USG - - Debtor's Sampling Plan, Re: Questionnaire and Deocument Discovery

Dear Counsel:

Enclosed please find a written description of the method that Debtor's propose for conducting limited discovery from a sample of 1,000 present personal injury claimants. In limiting the sample to 1,000 claimants, Debtor's propose what we believe is a highly efficient way of getting this necessary information. We also attach a draft of the questionnaire that Debtor's propose sending to the 1,000 claimant sample. We have made our best effort to streamline the questions so as to seek only the information that the Court will need to conduct a proper estimation. This document is provided, at this time, in draft form. Further, minor changes in form and content will be made over the next week or so. While counsel for the ACC and FCR have objected to the need to even consider merits evidence in estimation, the Court has indicated that she will, in fact, consider such evidence. In assessing the impact that those scientific, merits arguments will have on the necessary size of a personal injury trust, the Court will need a base of information about those scientific issues from the claimants. As a result, I would urge counsel to set aside their wholesale objections to collecting information from any claimant and, instead, make constructive comments for implementing the proposal.

Cooley Godward ILP

August 4, 2005 Page Two

Also, in our last telephone conference, the subject of documents that the ACC and FCR intend to seek from the Debtors in discovery was raised. While I have received no discovery requests to date, we understand the documents of interest relate largely to: (1) composition, identification and sales of any asbestos-containing products by Debtors; and (2) the Debtors' experience in the tort system, generally, and participation in the CCR and ACF, specifically. Next week, we are making available for review in Chicago approximately 100 boxes of documents relating primarily to the first category of documents — asbestos-containing products information. Please make arrangements with me to review these documents as soon as possible so that document review does not cause a delay in our discovery schedule. In addition, we have collected approximately 60-70 boxes relating to category 2 — tort system experience — which we are reviewing currently and will produce as we are able over the coming weeks. Please also send me any document requests you believe appropriate to further move this process forward.

Very truly yours,

Scott D. Devereaux

538932 v1/HN

Summary of Personal Injury Claims Estimation Sampling Plan

Statistical sampling is a method of using established mathematical formulas to validly infer characteristics of an overall population by examining representative "samples," or subgroups, of that population. Statistical sampling methods are useful when examining the entire population would be impossible, impracticable, or highly inefficient and costly. Here, for example, there were approximately 150,000 claims pending against Debtors at the time they filed their bankruptcy petition. Examining every one of those claimants to determine key characteristics germane to the issues that Debtors expect to raise in this action (e.g., whether or to what degree a claimant was exposed to any of Debtors' products that contained chrysotile asbestos, whether a claimant's radiographic readings and pulmonary functions tests indicate they are impaired by asbestosis), would be costly and unduly time consuming. By defining a representative sample of claimants and by collecting data from that sample, accurate conclusions can be drawn about the overall claimant population that will assist the Court in evaluating the impact of Debtors' various defenses.

Debtors propose to take discovery from a sample of approximately 1000 present personal injury claimants using a standardized set of written questions. This discovery will compile key information from this sample, including, without limitation, the claimants' occupational history (including whether the claimant worked in the construction industry), medical history, claimed disease and asbestos litigation history. A copy of Debtors' draft questionnaire is attached as Exhibit A.

In a stratified sampling plan, the overall sample is divided into separate subsamples taken from subgroups of the population. From this sample, the parties can draw statistically valid conclusions regarding key characteristics of the population as a whole as well as subgroups within that population. Using stratified sampling, valid conclusions regarding the characteristics of subgroups of the claimant population, such as claimants with specific claimed diseases, can be drawn (e.g., what percentage of asbestosis claimants were exposed to a minimum level of chrysotile asbestos necessary to cause asbestosis).

Debtors propose to stratify the overall sample of 1000 into separate sub-samples corresponding to each category of disease claimed (as recorded in the CCR database). Debtors propose to sample 200 mesothelioma claimants, 200 lung cancer claimants, 200 asbestosis claimants, and 200 other cancer claimants. Within each disease category, debtors propose to sample 100 claimants who are identified in the CCR database as having worked in the construction industry and 100 claimants who did not.

To account for the fact that a significant number of claimants in the CCR database failed to report any specific disease, Debtors also propose to include a sub-sample of 200 such claimants. Claimants in the "unknown/unstated" disease category will be allocated to the appropriate disease category once claims forms containing this information are returned by claimant. This claim form information may also be used to calibrate any disease category information imputed to unknown/unstated diseases in the CCR database.

Using a sample size of 200 claimants per disease category will ensure that, within any specific sub-sample, it can be concluded with 95% confidence that any given characteristic of the sampled population will be within 7% of that within the actual population.

Debtors propose to identify claimants to be sampled using a stratified systematic

sample with random start method, further described as follows:

- (1) Each of the approximately 150,000 claimants in the CCR database will be sorted into 10 groups corresponding to the 5 disease categories subdivided by occupational category (i.e., occupational history in construction or non-construction), with claimants in each group sorted alphabetically by state of residence.
- sampling ratio ⁿ will be determined to produce a total stratum size sample of 100. (For example, if the stratum size was 20,000, the sampling ratio ⁿ would be 200 because by selecting every 200th plaintiff from the stratum, you would end up with a sample of 100). A sub-sample for each disease/occupational history category will then be constructed by sampling every ⁿth individual, beginning with a start selected at random.
- (3) Individual claimants are sampled in this fashion until an overall sample of 1000 is constructed.

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

In re:

Chapter 11

USG CORPORATION. a Delaware corporation, et al.,

Jointly Administered

Case No. 01-2094 (JKF)

Debtors.

USG CORPORATION, et al.,

Movant

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OFFICIAL COMMITTEE OF ASBESTOS PERSONAL.:

INJURY CLAIMANTS, OFFICIAL COMMITTEE OF

UNSECURED CREDITORS, OFFICIAL

COMMITTEE OF ASBESTOS PROPERTY DAMAGE CLAIMANTS AND LEGAL

REPRESENTATIVE FOR FUTURE CLAIMANTS,

Respondents.

Civil Action No. 04-1559 (JFC) Civil Action No. 04-1560 (JFC)

DEBTORS' STANDARD QUESTIONNAIRE TO SELECT PERSONAL INJURY ASBESTOS CLAIMANTS

COOLEY GODWARD LLP Stephen C. Neal (CA 170085) Scott D. Devereaux (CA 146050) Paul N. Heath (DE No. 3704) 3000 El Camino Real Five Palo Alto Square Palo Alto, CA 94306

Tel: (650) 843-5000

RICHARDS, LAYTON, & FINGER, P.A. Daniel J. DeFranceschi (DE No. 2732)

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JONES DAY

David G. Heiman (OH 0038271) Brad B. Erens (IL 6206864)

North Point

901 Lakeside Avenue

Cleveland, Ohio 44114-1190

Tel: (216) 586-3939

Counsel for Debtors

Answer separately and truthfully in writing each of the questions in this Questionnaire in accordance with the Questionnaire's Definitions and Instructions. Read the entire Questionnaire carefully before completing it. Your completed Questionnaire must be returned no later than thirty (30) days from the day you received it. Make sure that you and your attorney, if you have one, sign the last page of the Questionnaire under oath. Completion of this Questionnaire is mandatory under Federal Rules of Civil Procedure, Rules 26 and 33, made applicable to this proceeding by Federal Rules of Bankruptcy Procedure 7026 and 7033.

DEFINITIONS

The words in Capitals in the Questionnaire are defined as follows:

- The Injured Party is the person who allegedly has or had a medical condition caused by asbestos exposure, including but not limited to Mesothelioma, Lung Cancer, Other Cancer, Pleural Plaques, Diffuse Pleural Thickening, Assestosis, or other non-malignant asbestos-related condition.
- 2. The Personal Representative of the Injured Party is the person or entity that is filing the claim on behalf of the Injured Party if the Injured Party is legally incompetent or deceased. This person or entity may be, for example, the Injured Party's legal guardian, executor, or administrator. This person or entity is not the attorney representing the Injured Party or the attorney representing the Personal Representative of the Injured Party.
- 3. The Claimant is either the Injured Party or, if the Injured Party is legally incompetent or deceased, the Personal Representative of the Injured Party.
- 4. Debtors are any or all of the following corporations: USG Corporation, United States Gypsum Company, USG Interiors, Inc., USG Interiors International, Inc., L&W Supply Corporation, Beadex Manufacturing, LLC, B-R Pipeline Company, La Mirada Products Co., Inc., USG Industries, Inc., USG Pipeline Company, and Stocking Specialists, Inc.
- 5. US Gyrsum is United States Gypsum Company. For a description of the businesses of US Gyrsum and the other Debtors and a listing of the types of products they manufactured or sold that may have contained asbestos, see Appendix C to this Questionnaire.
- 6. PLEURAL PLAQUES is a non-malignant, circumscribed or localized area of fibrous material appearing in the lining of the lung or the chest wall.
- 7. DIFFUSE PLEURAL THICKENING IS a diffuse (as opposed to circumscribed or localized) area of fibrosis appearing in the lining of the lung or the chest wall.
- 8. Aspestosis is diffuse fibrosis (or scarring) on both lungs caused by the inhalation of asbestos fibers.
- 9. Lung Cancer is a malignant tumor of the lungs.
- 10. Mesothelioma is a malignant tumor of the pleura, which is the thin membrane or lining surrounding the lung (pleural mesothelioma). It may also be a malignant tumor of the lining of the abdominal cavity (peritoneal mesothelioma).
- 11. OTHER CANCER is any cancer other than Lung CANCER or MESOTHELIOMA and includes but is not limited to colon cancer, laryngeal (voicebox) cancer, esophageal cancer, pharyngeal (throat) cancer, stomach cancer, breast cancer, ovarian cancer, liver cancer, brain cancer, lymphoma (cancer of the lymph nodes (or tissues)), and prostate cancer.
- 12. Forced VITAL CAPACITY (FVC) describes the total amount of air that can be forcibly and quickly exhaled after inhaling as much air as possible.
- 13. Forced Expiratory Volume (FEV) describes the volume of air that can be forced from the lungs in one second of effort.
- 14. Total Lung Capacity (TLC) represents the total amount of air that can be taken into the lungs, including the air that cannot be exhaled.
- 15. DIFFUSION CAPACITY (DLCO or Do) measures the exchange of oxygen from the air to the blood stream.

INSTRUCTIONS

- 1. Read carefully the entire Questionnaire and the Definitions and Instructions before completing the Questionnaire. It is important to read the entire Questionnaire at least once before completing it because you may need to photocopy some sections prior to filling them out so that you can submit multiple copies of the sections. See Instruction No. 4, below.
- 2. Type or print your answers to each question neatly and legibly using black or blue ink. Use capital letters and avoid contact with the edge of the character boxes. Mark check boxes with an "X" (example at right).

 Do not use a felt-tip pen, do not write outside the boxes or blocks, and do not bend or fold the pages of the Questionnaire. Do not distribute this Questionnaire to others for their completion because each Questionnaire has a unique identifying number for each CLAIMANT.
- 3. Be complete, accurate, and truthful in your answers to the questions asked. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
- 4. If you cannot fit all information in any particular section or page, make a copy of that page before filling it out and add the necessary information to the copied page(s). Attach as many additional pages as needed
- Submit with the Questionnaire copies of any and all medical reports or records that show, support, conflict with, or otherwise relate to a diagnosis or lung function analysis of the INJURED PARTY alleged in Part 2 of the Questionnaire, including but not limited to:
 - A. Physical exam results;

 - B. Pathology reports;
 C. Diagnostic tests or reports;
 D. Laboratory tests;

 - E. Letters or other written statements from a doctor or medical clinic;
 - F. Radiographic evaluations, such as x-rays or CT Scans; and
 - G. Pulmonary function test (PFT) reports, including:
 - (i) Spirogram tracings;
 - (i) Spirogram tracings;(ii) Forced VITAL CAPACITY (FVC);
 - (iii) FORCED EXPIRATORY VOLUME (FEV1);
 - (iv) TOTAL LUNG CAPACITY (TLC); and
 - (V) DIFFUSION CAPACITY (DLCO or D_).
 - H. Written statements by a doctor or medical clinic regarding the cause or potential cause of a diagnosis.

You may submit photocopies of these medical reports or records instead of the original reports or records.

- 6. If the INJURED PARTY is deceased, submit the Death Certificate with the Questionnaire. If this Questionnaire is being filed by the Personal Representative of the Injured Party, submit with the Questionnaire written evidence of your authority to act on behalf of the INJURED PARTY.
- 7. If the Injured Party or the Personal Representative of the Injured Party responded to interrogatories or were deposed in a lawsuit filed by or on behalf of the lujured Parry for asbestos-related personal injury, submit with the Questionnaire a copy of any and all such interrogatory responses and depositions. If a written claim, including but not limited to a proof of claim form, was submitted by or on behalf of the INJURED Party for asbestos-related personal injury in another bankruptcy case or against a trust established pursuant to a plan of reorganization or liquidation in another bankruptcy case, submit with the Questionnaire a copy of any and all such written claims. See Part 9 of the Questionnaire.
- 8. If in Part 4 you identify a co-worker or other person upon whom you rely for your belief that the INJURED PARTY was exposed to an asbestos-containing product of US GYPSUM or another DEBTOR, and if that coworker or other person was deposed in any asbestos-related personal injury action, submit with the Questionnaire a copy of any and all such depositions. See Part 4 of the Questionnaire.

- 9. In Parts 4-7 of the Questionnaire, you are asked to provide Standard Occupational Classification Codes and Standard Industrial Classification Codes. For a list of these codes, refer to Appendices D and E, respectively, to the Questionnaire.
- 10. Make sure that the Injured Party or the Personal Representative of the Injured Party completes and signs both the Authorization To Disclose Health Information Pursuant to HIPPA contained in Appendix A and the Authorization for Release of Earnings Information and Employment Records From the Social Security Administration contained in Appendix B. You do not need to complete the Request for Social Security Earnings Information Form (Form SSA-7050-F4) that is included in Appendix B with the Authorization. This form is only for your reference. You need only complete and return the Authorization on the first page of Appendix B.
- 11. Make sure that the Claimant and the attorney of the Claimant, if any, signs the Questionnaire. Make a copy of your completed Questionnaire for your records and submit the original Questionnaire and all supporting documentation to the following address:

If by mail:
Rust Consulting, Inc. Return Address
P.O. Box XXXX
Faribault, MN 55021-XXXX

If by hand or overnight delivery: Rust Consulting, Inc. 201 S. Lyndale Ave. Faribault, MN 55021

Place your Questionnaire in the mail or hand or overnight deliver it no later than thirty (30) days after the day you received this Questionnaire. Do not submit your Questionnaire by facsimile, telecopy, or other electronic transmission. Do not send your Questionnaire to Debtors or Debtors' counsel.

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6.	The Injured Party Is: Living	Déce	ased	(If dec	eased, en	close the	death cei	tificate.)	Angle with
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	b. If deceased, was death asbe	estos-relate	d? Ye	s 🗍	No 🗍				
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PART 2: /	ASBESTOS-RELATED AND OTH	IER INJURIES		
vide information about the INJURED PART	γ's asbestos-related personal l	injury.		
Has the Injured Party been diagnosed	with cancer? Yes	No.		
If "Yes", Identify the type of cancer the definitions of Lung Cancer, Mesothellow	at was diagnosed for the Injure A, and Other Cancer on page 1	D PARTY and the of this Questi	e date of diagr onnaire.	iosis. Refer to t
Lung Cancer	Date of Diagnosis:		4 27 (0.00) (0.52)	
		(month	(year)	
MESOTHELIOMA	Date of Diagnosis:			
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OTHER CANCER	Date of Diagnosis:			
If Other Cancer, describe.		(month	(year)	
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Has the doctor who made the diagnost cancer in question was caused by asi	ils of cancer stated that the pestos exposure?	Yes	No 🔲	
Has the INJURED PARTY been diagnosed asbestos-related condition?	with a non-malignant	Yes	No 📗	
If "Yes", identify the type of non-mall the date of diagnosis. Refer to the de of this Questionnaire.	nant asbestos-related condition initions of PLEURAL PLAQUES, DIFF	on that was die FUSE PLEURAL TH	Ignosed for th ICKENING, and A	e Injured Party E sbestosis on pag
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DIFFUSE PLEURAL THICKENING	Date of Diagnosis:			
		(month	(year)	
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		(month	(year)	
Отнек Non-Malignant Asbestos-Relate	d Condition			
If Other Non-Malignant Asbestos-Rela	ited Condition, describe. $rac{1}{i}$			
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	PART 2: ASBESTOS-RELATED AND OTHER INJURIES (Continued)	
6.	Has the doctor who made the diagnosis of non-malignant asbestos-related condition stated that the condition was caused by asbestos exposure? Yes No	ondition in
7.	Provide information regarding the INJURED PARTY'S most recent lung function test results.	
	a. Forced Vital Capacity (FVC):	
	Test Date: / / / / Result: / % of Predicted: /	
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	b. Forced Expiratory Volume (FEV.):	
	Test Date: / / / Result: 8 % of Predicted:	 %
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	C. TOTAL LUNG CAPACITY (TLC):	
	Test Date: / / / Result: % of Predicted:	%
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	d. Diffusion Capacity (DLCO or D.):	
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9.	a. Has the Injured Parry been diagnosed with any other lung condition?	No No
	Another lung condition includes but is not limited to:	
* 1.	(i) chronic obstructive pulmonary disease (including emphysema and chronic bronchitis) (ii) asthma,	
	(III) pneumonia, (Iv) interstitial lung disease (idiopathic pulmonary fibrosis),	
	(v) silicosis, (vi) effusion (fluid around the lung (pleural cavity)), and	
	(vil) congestive heart fallure (fluid in the lung) (lung edema) b. If "Yes", describe the other lung condition.	
	생물들의 삼성물의	. i
10	D. Attach to this Questionnaire copies of any and all medical reports or records that show, support, conflic	t with, or
	otherwise relate to a diagnosis or lung function analysis identified in this Part, including but not limited	to:
	a. Physical exam results: b. Pathology reports:	######################################
	c. Diagnostic tests or reports; d. Laboratory tests;	
	e. Letters or other written statements from a doctor or medical clinic; f. Radiographic evaluations, such as x-rays or CT Scans;	Ý.
	g. Pulmonary function test (PFT) reports, including: i) Spirogram tracings;	
	II) FORCED VITAL CAPACITY (FVC); III) FORCED EXPIRATORY VOLUME (FEV.);	
	IV) Total Lung Capacity (TLC); and V) Diffusion Capacity (DLCO of Do.).	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	h. Written statements by a doctor or medical clinic regarding the cause or potential cause of a diagnos	* ** ** ** ** ** ** ** ** ** ** ** ** *
1, 2	You may submit photocopies of these medical reports or records instead of the original reports or record	ds.

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e. Doctor's Exam(s) or	resus):		Ш	1	<u></u>				<u> </u>	ــــــــــــــــــــــــــــــــــــــ	16.50		
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Pipes:	Age Sta Age Sta		Mo Mo		Year		(A)	Pipe	s per	Day:		#)	
* Indicate fractional party example. Has the Injured Party example. Mark the box(es) that a	/er used c	chewing provide	tobacc	o or snu ormation Date, if a	117	Yes _	s wou				8 3.5.		
Tobacco:	Age St	arted	Mo	nth	Year			time		Day:	<u> </u>	(#)	

PART 4: OCCUPATIONAL EXPOSURE TO PRODUCTS OF UNITED STATES GYPSUM COMPANY OR ANY OTHER DEBTOR

																
mai of t	ıufactur he busii	ed or solo nesses of	i by US G	YPSUM OF A	anv oth	ier Desi	os. In	Appen	dix C	to the	Questio	nnaire,	ining prod you will fir they manu	nd a d	escript	ion
1.	contain	INJURED P ling produ r Destor?	ARTY have act manuf	occupati actured c	onal e	xposure by US	to an	asbesi v or	os-		Yes		No 🔲			
- :	If "Yes,	" comple	te the rem	ainder o	f this F	art as	instru	cted.			u Wasian wa				V gr	
	If "No"	, continue	to Part 5													
2.	asbest	lหมบลอก P. os-contali ther Desto	ARTY have ning produce?	occupatio uct manu	onal ex ifactur	posure ed or s	to mo	ore than US Gy	ON8 PSUM		Yes	_	No 🔲			
	If "Yes	", photoc	opy this P	art and c	omple	te the F	art for	r each F	rodu	t exp	osed to.					
							· · · · · · · · · · · · · · · · · · ·			31,14			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3.	Produc	t Expose	d To:													
1.1.1								(one	produ	ct per	page)	3 400		" Limi		45.534
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	depos	ed in any	co-worker asbestos- or other p	related p	ersona	i injury	nis per action	1?		stlonn	Yes laire a co		No	uch d		MI
4.	occup		Party expose the Statilix D.)								Yes		No 🔲			
	If "Yes	", photoc	opy this P	art and c	omple	te the P	art for	each o	ccupa	tion.						Ų.
5.	100000000000000000000000000000000000000	er aut late late e	ring expo odes liste				ard O	ccupat	onal	2000 1 20		Spec	lfy If "Othe	r [
6.	李山山 医二甲二甲二甲甲甲基	ge colony e.	exposure Appendb	Section 1997 Section 1	Standa	rd Indus	strial C	lassific	atlon			Spec	ify if "Othe	, r , [

PART 4: OCCUPATIONAL EXPOSURE TO PRODUCTS OF UNITED STATES GYPSUM COMPANY OR ANY OF THE DEBTORS (Continued)

GYPSUM OF DEBTORS. Choose the category that best desc b. If exposure was not continuous, pr first date of exposure and finish w exposure, photocopy this section by	ribes the INJURED PARTY'S I ovide all separate date ra ith the last date of expo efore completing it and at er the Instructions to Que	working with asbestos-containing products of US ype of exposure and choose only one category. anges and frequencies of exposure. Start with the sure. If there are more than three date ranges of tach additional pages. For each exposure, describe settion 7.a. Choose the category that best describes tegory. Frequency of Exposure During this Date Range: Day(s) per month
To: Month Year Month Year Month Year	per instructions above.	Hour(s) per Day
Date Range of Exposure: From: / /	Exposure Type: Indicate A, B, C or D per Instructions above.	Frequency of Exposure During this Date Range: Day(s) per month Hour(s) per Day
Date Range of Exposure: From: / / / / / / / / / / / / / / / / / / /	Exposure Type: Indicate A, B, C or D per Instructions above.	Frequency of Exposure During this Date Range: Day(s) per month Hour(s) per Day
Description of job duties: Description of how Product was used a	nt the site(s):	

PART 5:	OCCUPATIONAL EXPOSURE TO	OTHER ASBESTOS-CONTAINING PRODUC	TS

Pro	ovide information about the INJURED PAR nufactured or sold by US Gypsum or ano	ту's occupatio ther Dевток.	onal exposu	re to asbe	stos-cont	aining prod	lucts that	were not
1.	Did the INJURED PARTY have occupationa containing product that was not manuf GYPSUM or another DEBTOR?	l exposure to actured or sol	an asbestos ld by US		Yes] No]	
	If "Yes," complete the remainder of thi	s Part as inst	ructed.		ing and	- 1000 - - 1931 - 301 -		The state of the s
	If "No", continue to Part 6.				dužija ja ģ Roja ka rija		1 00,710 41 30 01 12	i de l'idige Matt
2.	Did the Injured Party have occupational asbestos-containing product that was I US Gypsum or another Destor?				Yes] No]	
	If "Yes", photocopy this Part and comp	plete the Part	for each Pro	duct expo	sed to.			
					est pai			
3.	Product Exposed To:							
	물로 등에 가장 함께 보면 하지만 하게 되었다. 1985년 - 1985년 대한 일본 1985년 대한		(оп	e product p	er page)			111/1
	Brand Name:			ТÌП				
				Wigh				
rival) Herid	Manufacturer of Product:							
						114		1914
	Distributor of Product:							
					it Belgija in si			i ga jih
4.	Was the Injured Party exposed to the occupation? (Use the Standard Occup	5 T	the state of the complete of	with a second		7	1	officiens Aireato Control
	listed in Appendix D.)	ational Glassii	ication Cour		Yes	No	J	
Jan.								
	If "Yes", photocopy this Part and com	plete the Part	for each occ	supation.				
5.	Occupation during exposure (Use t Classification Codes listed in Appendi	Salar Artistan	Occupation	al I	s	pecify if "O	ther"	1 22 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	If the Injureo Parry was exposed to the	Product in m	ore than one	occupation	on, photoc	opy this Pa	rt and con	plete the
43	Part for each occupation.							
	보는 함께 하였으니 시험 당시에 되는 이 <u>확실이</u> 었다는 것은 것 한 경영 역사로 출동하는 수 있습니다. 하는 것은 하였다.		a - Jan - Majar 19 ang - 1957 11 11					
6.	Industry during exposure (Use the Stan	dard Industrial	Classification	on T	l s	pecify if "O	ther"	1
del.	Codes listed in Appendix E.)			Semi Land				reserved to

PART 5: OCCUPATIONAL EXPOSURE TO OTHER ASBESTOS-CONTAINING PRODUCTS (Continued)

. а.	Provide the date range and frequency each exposure, describe the exposur	of product exposure in the type as A, B, C or D	n the listed occupation and industry. In addition, for as follows:
	(C) a worker on a floor where other v	vorkers were personall vorkers were personall	ng products; y working with asbestos-containing products; y working with asbestos-containing products; or working with asbestos-containing products.
	Choose the category that best descri	bes the Injured Party's	type of exposure and choose only one category.
b.	first date of exposure and finish wit	h the last date of expo ore completing it and a r the instructions to Qu	anges and frequencies of exposure. Start with the sure. If there are more than three date ranges of ttach additional pages. For each exposure, describe estion 7.a. Choose the category that best describes tegory.
	Date Range of Exposure:	Exposure Type:	Frequency of Exposure During this Date Range:
	From: / / Year To: Month Year Month Year	Indicate A, B, C or D per instructions to Question 7.a.	Day(s) per month Hour(s) per Day
	Date Range of Exposure:	Exposure Type:	Frequency of Exposure During this Date Range:
	From:/	Indicate A, B, C or D per Instructions to Question 7.a.	Day(s) per month
	To: / / Year		Hour(s) per Day
	Date Range of Exposure:	Exposure Type:	Frequency of Exposure During this Date Range:
	From: / Year	indicate A, B, C or D per Instructions to Question 7.a.	Day(s) per month
	To: Month Year		Hour(s) per Day
. De	scription of Job duties:		
), De	scription of how Product was used at	the site(s):	
0. If t	the exposure(s) listed in response to the such exposure(s) occurred at resid	ne above questions wa ential and commercial	s/were at a construction site, state the percentage of sites:
	Resider		Commercial:
	neside:		

	PART 6: OCCUPATIONAL HISTORY
a month, including any summer employment. For Occupation C industry Codes, use the Standar	al history of the INJURED PARTY. Include all Jobs in which the INJURED PARTY worked at least Jobs worked during the first twenty (20) years of life, and conclude with any current odes, use the Standard Occupational Classification Codes listed in Appendix D. For Industrial Classification Codes listed in Appendix E. If the INJURED PARTY has had more photocopy the page before filling it out as many times as needed and complete the
1. Employer Name:	
Employer Address:	
	Street
	City Zip.
Years Worked:	То: / / / / / / / / / / / / / / / / / / /
Month Year	Month Year
Occupation Code:	Specify if "Other"
Industry Code:	Specify if "Other"
2. Employer Name:	
Employer Address:	
	City State Zip
Years Worked:	
From: /	
Month Year	Month Year
Occupation Code:	Specify if "Other"
Industry Code:	Specify if "Other"
3. Employer Name:	
Employer Address:	
	Street
Years Worked:	City State Zip
From: /	То: 1 / 1
Month Year	Month Year
Occupation Code:	Specify if "Other"
Industry Code:	Specify If "Other"

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a. Was the Injured Party	exposed t	to asi	bestos	s out	side t	he luj	URED	PARTY	r's o	ccup	atio	17					1.3	
Yes No				a file Turke	a ta	13.15.1		Vis Jay			i A n	a".	- 11 V 1 					
b. Was the Injured Party	evnoced	to sel	neetas	o theo	sum n	anoth	or no	PP A II	lthe	"Cn	urca	. Ind	امادا	: (151 ¹⁵)	 		1.1	
Yes No	exposed	to as	Desio	5 4111 (Jugn i	anom	er he	13011	(inte	30	u, c		IIVIU	uas j				
ies No		Merchine.	n taktari Ka					1355 T	1	Truck Visit					181			
If you checked "yes" to "yes" to Question 1(b),	either Qu additional	lestio Ily an	n 1(a) swer	or Q Ques	uestic tions	on 1(b 5 thre), an ough	swer 15.	Que	stior	18 2	thro	ough	1 4.	if yo	u ch	eck	ec
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if "Yes", photocopy this Pa	art and co	mpie	te tne	Рап	ror e	асп р	roqui	ct ex	pose	<u>a to.</u>		41.						_
Product Exposed To:																		L
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Manufacturer of Product:			<u>L_</u>	ــــــــــــــــــــــــــــــــــــــ		L_		1	<u> </u>	Ш				<u> </u>	L		<u> </u>	Ļ
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If you identified a DEBTOR as	the manu	ıfactu nufac	rer of turer'	the p	produ	ct, w	ıy yo	u bel	lieve	the	ргос	uct	ехр	osed	l to \	was	a	L
Distributor of Product: If you identified a Destor as Destor's product and not an	nother mai	nufac	turer'	s:							89.5 89.5	2.7%						L
If you identified a Dевток as Dевток's product and not an	nother mai	nufac	turer'	s:							89.5 89.5	2.7%						
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If you identified a Dевток as Dевток's product and not an	nother mai	nufac	turer'	s:							89.5 89.5	2.7%						h
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If you identified a Dевток as Dевток's product and not an	nother mai	nufac	turer'	t the							89.5 89.5	2.7%						h
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fir		st date of exposure.	es and frequencies of exposure. Start with t . If there are more than three date ranges of .ch additional pages.
	Date Range of Exposure:	Freque	ncy of Exposure During this Date Range:
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	To: / Year	Hour	(s) per Day
L			
	Date Range of Exposure:	Freque	ncy of Exposure During this Date Range:
	From: / / Year		s) per month
	To: / Year	Houn	(s) per Day
	Date Range of Exposure:	Froque	ency of Exposure During this Date Range:
	From: / / Year	Day(s	s) per month
	To: Month Year	Hour	(s) per Day
Sourc	e Individual's Name (if you checked "yes'	to Question 1(b)):	
		ši	
one o Codes	he Source Individual exposed to the processory (Use the Standard Occupation Instead in Appendix D.)	onal Classification	Yes No
	s", photocopy this Part and complete the		audi
Sourc	e Individual's Occupation during exposustandard industrial Classification Codes list	ed	Specify if "Other"
in App			

<u></u>	PARI 1: OIH	ER EXPOSURE TO ASB	23103 (Continued)
9. a.	Provide the date range and frequence industry. In addition, for each exportant follows: The Source Individual was:	sure, describe the Soul	ual's product exposure in the listed occupation and irce individual's exposure type as A, B, C or D as
	(C) a worker on a floor where other	workers were personally workers were personally	ng products; y working with asbestos-containing products; y working with asbestos-containing products; OR working with asbestos-containing products.
	Choose the category that best descri	bes the Source Individua	al's type of exposure and choose only one category.
	Date Range of Exposure:	Exposure Type:	Frequency of Exposure During this Date Range:
	From: / / Year	Indicate A, B, C or D per instructions above.	Day(s) per month
	To: Month Year		Hour(s) per Day
b.	exposure. Start with the first date of three date ranges of exposure, phot each exposure, describe the exposu	f exposure and finish wit tocopy this section befo tre type as A. B. C. or D	ovide all separate date ranges and frequencies of th the last date of exposure. If there are more than bre completing it and attach additional pages. For per the instructions to Question 9.a. Choose the exposure and choose only one category.
	Date Range of Exposure:	Exposure Type:	Frequency of Exposure During this Date Range:
	From: / / Year	Indicate A, B, C or D per Instructions above.	Day(s) per month
	To: Month Year		Hour(s) per Day
	Date Range of Exposure:	Exposure Type:	Frequency of Exposure During this Date Range:
	From: / / Year	indicate A, B, C or D per Instructions above.	Day(s) per month
	To: Month Year Month Year		Hour(s) per Day
	Date Range of Exposure:	Exposure Type:	Frequency of Exposure During this Date Range:
	From: / Year	Indicate A, B, C or D per Instructions above.	Day(s) per month
	To: Month Year		Hour(s) per Day
10. So	urce individual's Social Security Num	ber:	
11. So	urce Individual's Gender:	Male Female	
12. So	urce Individual's Date of Birth:	(month) (day)	/(year)

PART 7: OTHER EXP								
2. Source Individual's Mailing Address:		15.1 1 (18.1						
			7,:-	T	T	Т		Ť T
	Street/P.O Box				1		<u> </u>	<u> </u>
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City				State			Zip	
. Source Individual's Daytime Phone Number: (-			\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
			4	a Britisha		1.7%		
. Source Individual's Relationship to Injured Party	, i							<u> </u>
The Injured Party is the Source Individual's:								
		(Sp	ouse, So	n, Daugh	ler, etc.) []	1 1	
ovide the following information regarding the Nue	RESIDENTIAL HIS	sidence	s, startli	ng with i	he ea	rliest	reside	nce.
ovide the following information regarding the injur ch subsequent residence, including any current re	RED PARTY'S DAST FOR	sidence	s, startli	ng with d	he ea lete th	rliest ie pag	reside e.	nce. I
ovide the following information regarding the injurich subsequent residence, including any current re	RED PARTY'S DAST FOR	sidence:	s, startli	ng with t d comp	the ear	rliest le pag	reside e.	nce. I
ovide the following information regarding the injurich subsequent residence, including any current re	RED PARTY'S past res	sidence:	s, startli	ng with d	the earlete th	rilest le pag	reside e.	ince. I
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rovide the following information regarding the INJUR ich subsequent residence, including any current re Address:	RED PARTY'S past recession control state of the state of	sidence:	s, startli	d comp	the earliete th	rilest le pag		nce I
rovide the following information regarding the injurtion subsequent residence, including any current reachers:	RED PARTY'S past ret esidence, photoco Stree	sidencer py this	s, startli	d comp	the earliete th	rliest e pag		nce. 1
rovide the following information regarding the INJUR ich subsequent residence, including any current re Address:	RED PARTY'S past recession control state of the state of	sidence:	s, startli	d comp	the earliete th	rliest e pag		nce 1
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rovide the following information regarding the injurance subsequent residence, including any current residences: Address: City Date Injured Party began residing at this addres	RED PARTY'S past reteslidence, photoco Stree Month	sidencer py this	s, startli	d comp	the earliete th	rilest ie pag		nce.
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	PART 9: 1F	IE INJURED PARTY'S LAV	TOOM OF THE CO.	Timitody .
ANKRUPTCY CL	AIMS	Patrician de la constitución de		
bankruptcy cass in another bank Yes No	e ("Other Bankru kruptcy case ("Ba	or on behalf of the INJURE ptcy") or against a trust es ankruptcy Trust")? r of Part 9.B as Instructe	täblished pursuant to a pl	elated personal injury in anoth an of reorganization or liquidati
If "No", continu				
Has more than the Injured Part	one bankruptcy ry for an asbesto	claim been filed by or on s-related personal injury? d complete the Part for ea		No D
	and a compagnition of	y Trust in which the claim		
Date the claim	was submitted:			보고 1985년 전 1일 시간 1985년 1일
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Description of	the claim:			
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limited to a pro	of of claim form	, in the Other Bankruptcy	or against the Bankrupto	y Trust?
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-	PART 11: I	DENTITY OF DEBTOR
Party's	s ashestos-related personal injury alleged in Par	x(es)) the Dевток(s) that you believe are responsible for the INJURED t.2. United States Gypsum Company is one of the Dевтокs that are ited States Gypsum Company and the other Dевтокs have at times longer related.
	B-R Pipeline Company	United States Gypsum Company
	USG Corporation	La Mirada Products Co., Inc.
	USG Interiors, Inc.	USG industries, inc.
L	USG Interiors International, Inc.	USG Pipeline Company
	L&W Supply Corporation	Stocking Specialties, Inc.
	Beadex Manufacturing, LLC	

	PART 12: CERTIFIC	CATION THAT II	NFORMATION IS	TRUE AND CON	IPLETE	
has. Both	that this Questionnaire is certif the CLAIMANT (either the INJURED P nust sign below.	ied as true and ARTY or the Pers	complete by the	CLAIMANT and by	any attorney tha PARTY) and any at	t the Claimant torney for the
1. Use th	he checklist below to indicate w	hich document	(s) you are subm	litting with this (Questionnaire.	
	Medical reports or records re	garding a diagr	nosis alleged in i	Part 2		
	Responses to interrogatories	in lawsults ind	icated in Parts 9	or 10		
	Radiographic evaluations, su	ch as x-rays or	CT scans			
- : LJ.	Depositions in lawsuits indica	ited in Parts 4,	9, or 10			Salain.
	Pulmonary function test (PF EXPIRATORY VOLUME (FEV,), TOTA	T) reports, incl	uding spirogram (TLC), and Discus	tracings, Force	D VITAL CAPACITY	(FVC), FORCED
	Proof of claim forms in banki	ş Mark (1987)				
		uptoics maical	eu in rails o vi			
	Written evidence of the author INJURED PARTY (If this Question				PARTY to act on	behalf of the
	Death Certificate (If the INJURE	D PARTY IS dece	ased)			
2. Comp use o	plete and sign the authorization of the Injured Party's medical rec	attached as Ap ords and healti	pendix A to this n information.	Questionnaire	authorizing the d	isclosure and
	The executed release is attac	hed.			21 - 1977 - 178 1 - 174 - 174 - 174 1 - 184 - 185 - 185	
3. Comp	plete and sign the authorization of the injured Party's earnings in	attached as Ap formation and o	pendix B to this employment reco	Questionnaire ords from the So	authorizing the d clai Security Adı	lisclosure and ninistration.
	The executed release is attac	hed.				
4. I havi decla comp	e reviewed the information submare, under penalty of perjury, tholete.	nitted on this Q at, to the best	uestionnaire and of my knowledg	l all supporting (je, the informat	documents subm ion submitted is	itted with it. I accurate and
(mont)	h) (day): (year)	(Signatu	ire of Claimant)			
45.57	N) 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J Gienet	re of Courses -'	ttornov if any	green strong	The second
(mont)	h) (day) (year)	(Signatu	IFE OF CLAIMANT'S B			
		u tula es 1020		<u> Streiter i Den in di</u>	1945.	ne sije de

[End of Questionnaire]

Review your Questionnaire to ensure that it is true and complete and that you have attached all supporting documentation. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

APPENDIX A

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION PURSUANT TO HIPAA

I hereby authorize the use or disclosure of my individually identifiable protected health information ("PHI") as described below for the purpose of review and evaluation in connection with a legal claim. I expressly request that all entities covered under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA") identified below disclose full and complete PHI spanning the time period of my date of birth to the present, including the following: all medical records, correspondence, laboratory reports, notes, radiology films, pharmacy/ prescription records, billing records, and insurance records, including but not limited to records pertaining to any alcohol or drug abuse (excepting any records pertaining to treatment for HIV and records pertaining to mental health, psychiatric, or psychological treatment without further express consent from me.) This authorization is effective only to the extent allowed under the applicable state law.

Patient Name:
Patient Social Security Number Patient Date of Birth
I authorize you to release the PHI to the law firm of Cooley Godward LLP, its partners, employees and agents.
Persons/Organizations Authorized to Make the Requested Disclosures:
All physicians and other health care providers who have examined, treated, consulted with, or x-rayed me, and all hospitals, nursing facilities, rehabilitation clinics, laboratories or other health treatment facilities of any kind in which I have been a patient and/or resident.
 I understand that I have the right to revoke this authorization at any time by writing to my health care providers listed above. I understand, however, that actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
I understand that this authorization is voluntary and that once this information has been disclosed it may be subject to re-disclosure and would no longer be protected by federal privacy regulations.
• I understand that the health care providers to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign this authorization.
Any facsimile or photocopy of this authorization shall authorize you to release the records described herein.
 This authorization shall expire upon final resolution of the litigation entitled In re: USG Corporation, United States District Court for the District of Delaware, Case Nos. 01-02094 (JKF), 04-1559 (JFC) and 04-1560 (JFC).
Signature Date
If the Authorization is signed by a Personal Representative of the individual, a description of such representative's

authority to act for the individual:

APPENDIX B

AUTHORIZATION FOR RELEASE OF EARNINGS INFORMATION AND EMPLOYMENT RECORDS FROM THE SOCIAL SECURITY ADMINISTRATION **AUTHORIZATION:** I hereby authorize the Social Security Administration to furnish to the law firm of Cooley Godward LLP, its partners, employees and agents ("Cooley Godward"), any and all earnings information and employment records ("SSA Employment Records") pertaining to: Name: Other Name(s) Used (Including Maiden Name): Patient Date of Birth Social Security Number I hereby further authorize Cooley Godward to prepare and sign a Request for Social Security Earnings Information (Form SSA-7050-F4) on my behalf in order to permit Cooley Godward to request my SSA Employment Records from the Social Security Administration. I acknowledge that I was provided with a blank copy of a Request for Social Security Earnings Information form (Form SSA-7050-F4) for my reference. **AUTHORIZED PERSONS AND ENTITIES:** This release authorizes Cooley Godward to obtain, receive and use my SSA Employment Records in connection with the litigation entitled In re USG Corporation, United States District Court for the District of Delaware, Case Nos. 01-02094 (JKF), 04-1559 (JFC) and 04-1560 (JFC) ("USG Litigation") DURATION: This authorization shall become effective immediately and shall expire upon final resolution of the USG Litigation identified above. SIGNATURE: Date Signature If the Authorization is signed by a Personal Representative of the individual, a description of such representative's authority to act for the individual.

Form Approved OMB No. 0960-0525

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

*Use This Form If You Need

1. Certified/Non-Certified Detailed Earnings Information

Includes periods of employment or self-employment and the names and addresses of employers.

OR

2. Certified Yearly Totals of Earnings

Includes total earnings for each year but does not include the names and addresses of employers. DO NOT USE THIS FORM FOR:

Non-certified yearly totals of carnings

This service is free to the public.

These totals can be obtained by calling 1-800-772-1213 to receive Forms SA-7004, Request for Earnings and Reduct Estimate Statement.

PRIVACY ACT NOTICE: We are authorized to collect this information under section 205 of the Social Security Act, and the Federal Records Act of 1950 (64 Stat. 583). It is needed so we can identify your records and prepare the statement you request. You do not have to furnish the information, but failure to do so may prevent your request from being processed.

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. 53507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not recurred to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 11 minutes to read the instructions, gather the necessary facts, and answer the questions.

INFORMATION LEOUT TOUR REQUEST

· How Do I Get This Information?

You need to complete the attached form Self us what information you want.

Can I Get This Information For Someone Rise?

Yes, if you have their written permission. For more information, see page 3.

• Who Can Sign On Behalf Of The Individual?

The parent of a minor child, of the legal guardian of an individual who has been declared legally incompetent, may sign it he/she is acting on behalf of the individual.

- Is There A Fee For This Information?
 - 1. Certified/Non-Certified Detailed Earnings Information

Yes, we usually charge a fee for detailed information. In most cases, this information is used for purposes NOT directly related to Social Security such as for a private pension plan or personal injury suit. The fee chart on page 3 gives the amount of the charge.

Sometimes, there is no charge for detailed information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us

and it does not agree with your records), we will supply you with more detail for the period in question. Occasionally, earnings amounts are wrong because an employer did not correctly report earnings or earnings are credited to the wrong person. In situations like these, we will send you detailed information, at no charge, so we can correct your record.

He sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

We will certify the detailed earnings information for an additional fee of \$15.00. Certification is usually not necessary unless you plan to use the information in court.

2. Certified Yearly Total of Earnings

Yes, there is a fee of \$15 to certify yearly totals of earnings. Cetification is usually not necessary unless you plan to use the information in court.

3. Method of Payment

Enclose a check or money order for the entire fee required. Payment can also be made by credit card. To do so, complete page 4 of this form and return it with your request form.

RI	EQUEST FOR SOCIA	AL SECURITY EA	RNINGS INFORMATION	
1. From whose record	d do you need the earnir	ngs information?		
Print the Name, So	cial Security Number (S	SN), and date of birt	h below.	
Name	,		Social Security Number	
D41 N1 (-) 11			Date of Birth	
Other Name(s) Use (Include Maiden Na	- 11		(Mo/Day/Yr)	
2. What kind of inform	mation do you need?		period(s)/year(s):	
	nings information		period(s)/year(s):	
	k this block, tell us belowed this information.)	w i je		
wny you nee	ag this information-1			
<u></u>				
Certified Tot	tal Earnings For Each Ye	ar. For the	year(s); {	:
(Check this	box only if you want the	e information 🧥		
	herwise, call 1-800-772 n SSA-7004, Request fo			
and Benefit	Estimate Statement)	<i>"</i> , " " " . " "		
3 If you nive us a fe	e for this detailed earnin	nas in orsietion, vale	r the amount due	
using the chart on	e for this detailed earnir page 3	. C O	A, 6	
Do housesport the to	o certify the information 5.00 on lines A and B, and amount	$(U_{j'}, Q_{j})$	□ Yes □ No	
DO YOU WANT OS IC	Celtify the intolling			
If yes, enter \$1	ر ج 15.00	; X	B. &	
ADD the emounts	on lines A and B, and			r Charles
enter the TOTAL a	smount			
•	You can pay by CREDI	T CARD by completing	ig and returning the form on page 4,	, 01
•	Send your CHECK or M	ONEY ORDER for the	e amount on line C with the request Social Security Administration	
	DO NOT SEND CASH.	usa otgat baania ro	Social Security Administration	
	 0,			
4. I am the individual	to whom the record pe	rtains (or a person w	ho is authorized to sign on behalf of	that
			ngly and willfully obtain information n \$5,000 or one year in prison.	I HOM Company
SIGN your name h (Do not p			Date	
(DO)(Ot P				
Daytime Phone N				
	[Area Code] (Teleph	HANDOORD AND AND AND AND AND AND AND AND AND AN		
5. Tell us where you	went the information s	ent. (Please print)	크레 일본 토론 이 보고 있는 경인 프로스 업상 기계 1월 교통의 문문 이 토인 현장은 등 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계	
Name		Address	수를 불합니다 가능한 경험 환경 기계 가는 경험 전략 구성 2명이 100 대표 전 전환 전환 경험 기계 기계 전 전환	
City, State & Zip	Code			
6. Mail Completed Fe	orm(s) To:	exception: If using pri	vate contractor (e.g., FedEx) to mail	l form(s), use:
Social Security Ac	dministration	Social Sec	urity Administration	
Division of Earning	gs Record Operations	Division of 300 N. Gr	Earnings Record Operations	
P.O. Box 33003	A 21200-2003		Marviand 21290-0300	Editor and South

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

How Much Do I Have to Pay For Detailed Earnings?

1. Count the number of years for which you need detailed earnings information. Be sure to add in both the first and last year requested. However, do not add in the current calendar year since this information is not yet available.

Document 34-3

2. Use the chart below to determine the correct fee.

Number of Years Requested	Fee	Number of Years Requested	Fee	Number of Years Requested	Fee
1	\$15.00	15	\$43.75	28	\$64.50
2	17.50	16	45.50	29 (d) (7) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3	66.00
3	20.00	17	47.25	20/1°	67.50
4	22.50	18	49.00	$ \mathcal{L}_{i} ^{Q_{i}}$	68.75
5	25.00	19	50.75	(2) 32	70.00
6	27.00	20	52.50) 33	7125
7	29.00	21	34.00	34	72.50
8	31 00	22 0	-75:39	35 35	73.75
9	33.00	23 , 00 , 3	57.00	36	75.00
10	35.00	8, 4	58.50	37	76.25
	36,75	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	60.00	38	77.50
12	38.50		61.50	39	78.75
13	40.25	22 0 18 23 0 18 25 0 1	63.00	40	80.00
14	42.00	XO'			

For Requests Over 40 Years, Please Add 1 Dollar for Each Additional Year.

Whose Earnings Can Be Received

1. Your Earnings

You can request earnings information from your own record by completing the attached form; we need your handwritten signature. If you sign with an "X", your mark must be witnessed by two disinterested persons who must sign their name and address.

2. Someone Else's Earnings

You can request earnings information from the record of someone else if that person tells us in writing to give the information to you. This writing or "authorization" must be presented to us within 60 days of the date it was signed by that person.

3. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are the legal representative of the estate, a survivor (that is, the spouse, parent, child, divorced spouse of divorced parent), or an individual with a material interest (example-financial) who is an heir at law, next of kin, beneficiary under the will or donce of property of the decedent.

Proof of death must be included with your request. Proof of appointment as representative or proof of your relationship to the deceased must also be included.

YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply.

You may also pay by check or money order.

Please fill in all the information below and return Exception: this form along with your request to: If using private contractor (e.g., FedEx) to mail form(s), use: Social Security Administration Social Security Administration Division of Earnings Record Operations Division of Earnings Record Operations P.O. Box 33003 300 N. Greene St. Baltimore Maryland 21290-3003 Baltimore Maryland 21290-0300 Note: Please read Paperwork/Privacy Act Notice Visa CHECK ONE Diners Card MesterCard Credit Card Holder's Name (Enter the name from the credit card) First Name: Middle Initial Last Name tumber & Street Credit Card Holder's Address City, State, & Zip Code Daytime Telephone Number Talephone Number Credit Card Number **Credit Card Expiration Date** Month Year **Amount Charged** Credit Card Holder's Signature Authorization DO NOT WRITE IN THIS SPACE Date OFFICE USE ONLY Remittance Control #

PRIVACY ACT NOTICE

The Social Security Administration (SSA) has authority to collect the information requested on this form under section 205 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out this form if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security Office.

Form SSA-7050-F4 (1-2004) EF (1-2004)

APPENDIX C COMPANY HISTORY ABOUT PRODUCTS CONTAINING ASBESTOS

United States Gypsum Company is a subsidiary of USG Corporation. United States Gypsum Company was formed in 1901 and is in the business of manufacturing and selling building products. Some of the building products manufactured and sold by United States Gypsum Company from 1920 through 1978 contained asbestos. Products that may have contained asbestos during this period include some wall and ceiling plasters, spray fireproofing fire-rated ceiling tiles, decorative textures, joint compound, and industrial insulation. Most of these products did not contain asbestos at all times from 1920 through 1978. No product contained asbestos as part of the product formulation after 1978.

A list of trade names of products manufactured by United States Gypsum Company during the period from 1920 through 1978 that may have contained asbestos includes, but may not be limited to, the following:

A-B Tex Texture Paint **ACOUSTONE 120 Ceiling Tiles ACOUSTONE 180 Ceiling Tiles AUDICOTE Acoustical Plaster** Aggregated Spray Finish, White CHINA GLAZE Siding Column Fire Board Concrete Ceiling Texture **DURABOND Joint Compound** Exterior Texture Wallboard Finish Fire Door Coreboard Hi-LITE Acoustical Plaster IMPERIAL *QT* (Spray) Texture Finish KEMIDOL Joint Compound K-FAC 19 Block Insulation K-FAC Block Insulation MAYFAIR Shake Siding Multi-Purpose Texture Finish ORIENTAL Exterior Finish Stucco **ORIENTAL Interior Finish PAC-TEX Texture Paint** PERF-A-TAPE Joint Compound PYROBAR Mortar Mix USG "QT" Simulated Acoustical Spray Texture Ready-Mixed Imperial "QT" Simulated Acoustical Spray Texture **RED TOP Acoustical Plaster** RED TOP BONDCRETE Plaster-Basecoat RED TOP Cover Coat Finish Plaster

RED TOP Firecode D Plaster RED TOP Firecode "V" Plaster **RED TOP Gypsum Plaster RED TOP Patching Plaster RED TOP Sanded Wall Plaster** RED TOP Strucolite Plaster **RED TOP Trowel Finish RED TOP Wood Fiber Plaster** REGENCY Shingles SABINITE Acoustical Plaster SHEETROCK Radiant Heat Filler-Machine Application SHEETROCK Radiant Heat Simulated Acoustical Texture Simulated Acoustical Spray Texture/Finish Special Texture Paint SPRAYDON Powercote SPRAYDON Standard A SPRAYDON Standard G STRUCTOLITE Plaster Superhard Spray Texture Finish SUPERTITE Roofing Products **TEXOLITE Block Filler TEXOLITE Dry Fill** TEXOLITE Drywall Surfacer **TEXTONE Texture Finish** THERMALUX Radiant Heating Panels **USG Joint Compound** Wainscoat Trowel Finish Plaster

United States Gypsum Company also manufactured other products in the following generic categories that may have contained asbestos:

Adhesives Joint Compound
Asbestos Board Pipecovering
Asbestos Paper Roofing Products
Insulating Cement Siding Shingles

USG Corporation was formed in 1985 and is the parent company of various debtors in this chapter 11 proceeding. USG Corporation has never manufactured or sold any building products. Various subsidiaries of USG Corporation manufactured or sold building products that contained asbestos at various times in the past.

L&W Supply Company, a subsidiary of USG Corporation, is a distributor of building materials manufactured by United States Gypsum Company and other companies. L&W Supply Company was created in 1971 as a subsidiary of United States Gypsum Company and, since 1985, has been a subsidiary of USG Corporation. In the 1970s, some of the products distributed by L&W Supply Corporation, primarily joint compound and roofing materials, contained asbestos. Since its formation in 1971, L&W Supply Company distribution centers have operated under different business names in different locations. A list of these business names is available on the USG claims website at www.usgclaims.com.

Beadex Manufacturing, LLC, a subsidiary of United States Gypsum Company, manufactured and sold joint compound containing asbestos from 1963 through 1978. Distribution of products that contained asbestos is believed to have been limited to Washington, Oregon, Idaho, Alaska, and possibly Colorado.

USG Interiors, Inc., a subsidiary of USG Corporation, was formed in 1986. USG Interiors has manufactured mineral fiber ceiling tiles and suspension systems, mineral fiber insulation, access floors, and wall partition systems. None of the products manufactured or sold by USG Interiors contained asbestos as part of the product formulation.

APPENDIX D STANDARD OCCUPATIONAL CLASSIFICATION CODES¹

Building and Grounds Cleaning and Maintenance Occupations

Janitors and Cleaners, Except Maids and Housekeeping Cleaners

Office and Administrative Support Occupations

- Office Clerks, General
- Shipping, Receiving, and Traffic Clerks
- Stock Clerks and Order Fillers

Construction and Extraction Occupations

- Asbestos Removal Workers² 5
- 6 Boilemakers
- Brickmasons and Blockmasons
- 8 Carpenters
- Cement Masons and Concrete Finishers
- Construction and Building Inspectors
- Continuous Mining Machine Operators 11.
- Drywall and Ceiling Tile Installers 12.
- Drywall Finishers (Tapers) 13
- Electricians 14
- Elevator Installer & Repairers 15.
- First-Line Supervisors/Managers of Construction Trades and **Extraction Workers**
- Floor Layers, Except Carpet, Wood, and Hard Tiles
- 18.-Floor Sanders and Finishers
- Glaziers 19
- Hazardous Materials Removal Workers
- Helpers Brickmasons, Blockmasons, Stonemasons, and Tile and Marble Setters
- Helpers Painters, Paperhangers, Plasterers, and Stucco Masons,
- Helpers Pipelayers, Plumbers, Pipelitters, and Steamlitters 23.
- Helpers Electricians
- 25 Helpers - Extraction Workers
- 26. Highway Maintenance Worker
- 27 Insulation Workers
- 28 Laborers
- 29. Mine Cutting and Channeling Machine Operators
- Operating Engineers and Other Construction Equipment Operators 31
- 32 Painters, Construction and Maintenance
- 33. Paperhangers
- 34 Pipelayers
- 35 Plasterers and Stucco Masons
- 36. Plumbers, Pipefitters, and Steamfitters
- Rail-Track Laying and Maintenance Equipment Operators 37.
- Reinforcing Iron and Rebar Workers 38
- 39 Roofers
- 40 Sandblasters²
- Service Unit Operators. Oil, Gas, and Mining 41
- Sheet Metal Workers
- 43 Stonemasons
- Structural Iron and Steel Workers 44.
- Terazzo Workers and Finishers

Installation, Maintenance, and Repair Occupations

- 46 Automotive Service Technicians and Mechanics
- Bollerhouse Mechanics²
- Bus and Truck Mechanics and Diesel Engine Specialists
- Electrical and Electronics Repairers, Powerhouse, Substation, and 49 Relay
- Heating, Air Conditioning, and Refrigeration Mechanics and Installers
- Industrial Machinery Mechanics

- 52 Maintenance and Repair Workers, General
- Maintenance Workers, Machinery 53
- 54
- 55 Mobile\Heavy Equipment Mechanics, Except Engines
- Outdoor Power Equipment and Other Small Engine Mechanics
- Refractory Materials Repairers, Except Brickmasons 58
- 59 Riggers
- Valve Repairers1 60

Production Occupations

- 61 Cabinetmakers and Bench Carpenters
- 62. Chemical Equipment Operators and Tenders
- Coating, Painting, and Spraying Machine Sellers, Operators, and Tenders
- 64. Cutting, Punching, and Press Machine Setters, Operators, and Tenders, Metal and Plastic
- Engine and Other Machine Assemblers
- Foundry Mold and Coremakers 66
- **Gas Plant Operators**
- 68. Lay-Out workers, Metal and Plastic
- 69 Machinists
- Metal-Refining Furnace Operators and Tenders 70.
- Mixing and Blending Machine Setters, Operators, and Tenders 71.
- Molders, Shapers, and Casters, Except Metal and Plastic
- Petroleum Pump System Operators, Refinery Operators, and Gaugers
- Pourers and Casters, Metal
- **Power Plant Operators** 75.
- Sawing Machine Setters, Operators, and Tenders, Wood Stationary Engineers and Boiler Operators 76.
- 77.
- Structural Metal Fabricators and Fitters
- 79 Textile Cutting Machine Setters, Operators, and Tenders
- Textile Knitting and Weaving Machine Setters, Operators, and 80 Tenders
- Textile Winding, Twisting, and Drawing Out Machine Setters, Operators, and Tenders 81
- Tool and Die Makers
- Welders, Cutters; Solderers, and Brazers
- Welders, Production Line2
- Welding, Soldering, and Brazing Machine Setters, Operators

Transportation and Material Moving Occupations

- 86. Cleaners of Vehicles and Equipment
- Crane and Tower Operators
- Industrial Truck and Tractor Operators
- Laborers and Freight, Stock, and Material Movers, Hand Loading Machine Operators, Underground Mining
- 90
- Locomotive Engineers 91
- Locomolive Firers
- Pump Operators, Except Wellhead Pumpers 93
- Rail Yard Engineers, Dinkey Operators, and Hostlers 94
- 95 Railroad Conductors and Yardmasters
- Railroad Car Inspectors² 96
- Sailors and Marine Oilers 97. Ship Engineers
- 98. 99
- Shuttle Car Operators
- 100 Tank Car, Truck, and Ship Loaders
- 101 Transportation Inspectors
- 102 Truck Drivers, Heavy and Tractor Trailer
- 103 Truck Drivers, Light, or Delivery Service

104. Other (please specify)

¹ Codes are based on U.S. Department of Labor, Bureau of Labor Statistics, List of Standard Occupation Classifications, found at http://stats_bis.gov/oes/1999/oes_stu.htm_unless otherwise indicated

² Codes are based on U.S. Department of Labor, Dictionary of Occupational Titles. Fourth Edition. Revised 1991 found at http://www.oaij.dol.gov/libdot.htm

APPENDIX E STANDARD INDUSTRY CLASSIFICATION CODES³

- Α Agriculture, Forestry & Fishing Mining & Milling (asbestos)
- Mining & Milling (non-asbestos) B 2
- Construction
- D.1 Manufacturing Asbestos Containing Products
- D 2 Manufacturing Boilers
- D 3 Manufacturing Chemicals
 D 4 Manufacturing Insulation (asbestos containing)
- D 5 Manufacturing Insulation (non-asbestos containing)
 D 6 Manufacturing Petroleum Refining and Related Industries
- D 7 Manufacturing Plastic Products

- D 8 Manufacturing Rubber
 D 9 Manufacturing Rubber
 D 10 Manufacturing Textiles (asbestos containing)
 D 10 Manufacturing Textiles (non-asbestos containing)
- D 11 Manufacturing Transportation Equipment (other than shipbuilding or shipbreaking)
- D 12 Manufacturing Transportation Equipment (shipbuilding or shipbreaking)
 D 13 Manufacturing Other (please specify product)
- Transportation Electric, Gas, and Sanitary Services Εí
- Transportation Railroad
- Transportation Water E 3
- E 4 Transportation - Other (please specify)
- F. Wholesale Trade
- G Retail Trade
- Finance, Insurance, and Real Estate H.
- Services Automotive Repair 11
- Services Miscellaneous Repair
- 13 Services - Other (please specify)
- **Public Administration**
- K Military (Non-Navy)
- L Navy
- Other (please specify)

³ Codes are based on OSHA, U.S. Department of Labor, Standard Industry Classifications, Division Structure, at http://www.osha.gov/oshstats/sicser.html